

Voluntary Life Insurance and AD&D



Lincoln Financial Group

The Lincoln Term Life Insurance Plan

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Stan Koch & Son's Trucking, Inc. employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnect® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

The Lincoln AD&D Insurance Plan

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Stan Koch & Son's Trucking, Inc. employees

Voluntary Employee Basic Life and AD&D	Company Paid
Basic Life Insurance	\$10,000
Basic AD&D Insurance	\$10,000

Voluntary Employee Life and AD&D	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed \$500,000
Guaranteed Life coverage amount	\$200,000
AD&D coverage provides a cash benefit to the beneficiary/beneficiaries you name if you die in an accident, or to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight	

Voluntary Dependent Spouse Life	
The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Optional Employee Benefit.	
Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Guaranteed Life coverage amount	\$30,000
Voluntary Dependent Child(ren) Life	
At least 14 days under 26 years	\$10,000

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount not to exceed \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment/Family Status Change: If you are a continuing employee, you can increase your coverage. If you increase your coverage, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$500,000. Evidence of Insurability may be required for optional life coverage. See the Evidence of Insurability page for details.

Dependent Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse. If you increase your coverage, you will be required to submit evidence of insurability. If you have been previously denied coverage, you will be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Coverage Amount

- Enrollment: you can choose a coverage amount up to \$10,000 if at least age 14 days but under 26 years.
- You must be enrolled in voluntary employee life insurance
- Coverage must be at least 50% or more then \$10,000

Calculate Your Cost or Spouse Cost

Use the appropriate rate provided in the tables below to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee/Spouse optional term life insurance coverage.

Group Life Rates for You	
Employee Age Range	Life Premium Rate
0-24	\$0.069
25-29	\$0.081
30-34	\$0.104
35-39	\$0.127
40-44	\$0.196
45-49	\$0.334
50-54	\$0.506
55-59	\$0.817
60-64	\$1.277
65-69	\$2.289
70-74	\$4.106
75+	\$4.106

Calculation Example		Example	You
Step 1	Using the table on the left, enter the rate that corresponds with your age.	\$0.127	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply Step 1 by Step 3.	\$12.70	

Note: Rates are subject to change and can vary over time.

Group AD&D Rates for you
\$0.020

Group Life Rates for Your Dependent Child(ren)

One affordable monthly premium covers all of your eligible dependent children.

Note: To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect, it will take effect when the confinement ends.

Child(ren) Life Premium Rate, per \$1,000
\$0.110